

**HOUSING AUTHORITY OF THE COUNTY OF DEKALB**  
**310 NORTH SIXTH STREET**  
**DEKALB, IL 60115**  
**(815) 758-2692**  
**(815) 758-4190 FAX**

**CHILD SUPPORT VERIFICATION**

\_\_\_\_\_  
(Date)

\_\_\_\_\_ states that he/she is receiving support from you.  
(Name)

Please supply the information requested below, **as well as a printout of benefits (if applicable)**, and return within ten (10) days to the Housing Authority of the County of DeKalb at the above address. All information will be held in confidence. Thank you.

**THE HOUSING AUTHORITY OF THE COUNTY OF DEKALB**

Attn:

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- 1) \_\_\_\_\_ will pay \$ \_\_\_\_\_ per \_\_\_\_\_ to the above named applicant/tenant for the support of \_\_\_\_\_.
  - 2) Payments began \_\_\_\_\_.  
(Mo./Yr.)
  - 3) Payments are voluntary \_\_\_\_\_ Court ordered \_\_\_\_\_. (Please check one)

_____ Signature	_____ Printed Name	_____ Date
_____ Address	_____ City/State/Zip	_____ Phone #/Fax #

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I, \_\_\_\_\_, authorize you to furnish the requested information to the Housing Authority of the County of DeKalb.

_____ Signature	_____ Date	_____ Social Security number
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